## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am Secretary of State

DOCUMENT # L 98000 1. Entity Name National Healthnet	05-01-2002 91553 032 ****55.00				
DO NOT WRITE	IN THIS S	PACE			,
2. Principal Place of Business 441 Third Avenue					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Indialantic	ichantic		4. FEI Number G 5 08 4 66 4 9		Applied For Not Applicable
Zip Country USA	Zip	Country	5. Certificate of Status Desired		5.00 Additional e Required
		Name A		s of Current Registered A	gent
DO NOT W	(TC	Street Address (P.O. Box Number is Not Acceptable)			
in this sp	1	Street Address (P.O. Box Number is Not Acceptable) 930 S. Harbor City Blvd.			
IN THIS SPACE		City	te 505	FL	Zip Code
8. The above named entity submits this statement for	or the nurnose of changing its	- (Me	Charre ered agent, or both, in th		32901
a. The above harnes charg sashing and salements		- · · · · · · · · · · · · · · · · · · ·	<b>g</b>		
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable.			DATE	
	FEE IS \$50.00  Make Check Payable to Department of DUE BY MAY 1				
9. MANAGING MEMBI	ERS/MANAGERS		I		
TITLE MGR NAME Hal S Getting STREET ADDRESS 441 Third Avenu	TITLE NAME			12/0.	
STREET ADDRESS 441 Third Avenu CITY-ST-ZIP Indialantic, FC	STREET ADDRESS CITY-ST-ZIP			CR2E083B (12/01)	
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CITY-ST-ZIP  11 Liberary certify that the information symplified with	h this filing does not qualify fo	CITY-ST-ZIP	Section 110 07/2V/0 Flori	da Statutos I furthor confir	that the information
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 4/19/02 321-409-9331					
SIGNATURE: 4/19 4 551 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRÉSENTATIVE Dale Daylime Phone /					